County: Dunn AREA NURSING HOME, INC. PO_BOX_515 COLFAX 54730 Phone: (715) 962-3186
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 69
Total Licensed Bed Capacity (12/31/00): 81
Number of Residents on 12/31/00: 62 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No No Average Daily Census: 60 62 ****

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	30. 6 32. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	4. 8	Under 65	11. 3	More Than 4 Years	37. 1
Day Servi ces	No	Mental Illness (Org./Psy)	56 . 5	65 - 74	11. 3		
Respite Care	Yes	Mental Illness (Other)	1.6	75 - 84	30. 6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	37. 1	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	4. 8	95 & 0ver	9. 7	Full-Time Equivaler	
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	12. 9	65 & 0ver	88. 7	[
Transportation	Yes	Cerebrovascul ar	8. 1			RNs	8. 7
Referral Service	No	Di abetes	1.6	Sex	%	LPNs	6. 1
Other Services	Yes	Respi ratory	1. 6			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	8. 1	Male	27. 4	Aides & Orderlies	45 . 0
Mentally Ill	No			Female	72. 6		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18))	Medicaid (Title 19)		Other Private			Pay		Managed Care			Percent			
			Per Die	m		Per Dier	n		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	7. 3	\$111. 13	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	4. 8%
Skilled Care	0	0.0	\$0.00	30	73. 2	\$94. 28	1	100. 0	\$94. 28	16	80.0	\$99.00	0	0.0	\$0.00	47	75.8 %
Intermedi ate				8	19. 5	\$77.43	0	0.0	\$0.00	4	20.0	\$89.00	0	0.0	\$0.00	12	19. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		41 1	100.0		1	100. 0		20	100.0		0	0.0		62	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities	as of 12/3	31/00
Deaths During Reporting Period					Needi ng			Total
Percent Admissions from:		Activities of	%		sistance of	% Totall	y]	Number of
Private Home/No Home Health	23. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependen	t 1	Resi dents
Private Home/With Home Health	2. 9	Bathi ng	11. 3		53. 2	35. 5		62
Other Nursing Homes	20.6	Dressi ng	22. 6		43. 5	33. 9		62
Acute Care Hospitals	38. 2	Transferring	38. 7		29. 0	32. 3		62
Psych. HospMR/DD Facilities	0.0	Toilet Use	35. 5		29. 0	35. 5		62
Rehabilitation Hospitals	0. 0	Eating	64. 5		11. 3	24. 2		62
Other Locations	14. 7	************************************	******	******	******	*******	*****	******
Total Number of Admissions	34	Continence		%	Special Trea			- %
Percent Discharges To:		Indwelling_Or Externa	ıl Catheter	4.8		Respiratory Care		8. 1
Private Home/No Home Health	25. 0	Occ/Freq. Incontinent		38. 7		Tracheostomy Care		0. 0
Private Home/With Home Health	6. 3	Occ/Freq. Incontinent	of Bowel	29 . 0		Suctioning		0.0
Other Nursing Homes	3. 1	353.3.				Ostomy Care		1.6
Acute Care Hospitals	9. 4	Mobility	_			Tube Feeding		3. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	1	4.8	Recei vi ng	Mechanically Alte	red Diets	45. 2
Rehabilitation Hospitals	0.0	GI. G			0.1 5 1.1			
Other Locations	3. 1	Ski n Care		1.0		nt Characteristic	S	00 7
Deaths	53. 1	With Pressure Sores		1.6		ce Directives		88. 7
Total Number of Discharges		With Rashes		3. 2	Medi cations	n 1 n		70. 4
(Including Deaths)	32			*****	Kecei vi ng	Psychoactive Drug	S	58. 1
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		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary		50-	99	Ski l	led	Al l	
	Facility Peer Grou		Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74. 1	80. 4	0. 92	85. 4	0. 87	84. 1	0. 88	84. 5	0. 88
Current Residents from In-County	72. 6	74. 2	0. 98	72. 9	1.00	76. 2	0. 95	77. 5	0. 94
Admissions from In-County, Still Residing	38. 2	19. 0	2. 01	21. 3	1. 79	22. 2	1. 72	21. 5	1. 78
Admissions/Average Daily Census	56 . 7	135. 3	0. 42	101. 3	0. 56	112. 3	0. 50	124. 3	0.46
Discharges/Average Daily Census	53. 3	137. 7	0. 39	101. 3	0. 53	112. 8	0. 47	126. 1	0.42
Discharges To Private Residence/Average Daily Census	16. 7	57. 0	0. 29	37. 6	0. 44	44. 1	0. 38	49. 9	0. 33
Residents Receiving Skilled Care	80. 6	89. 4	0. 90	89. 6	0. 90	89. 6	0. 90	83. 3	0. 97
Residents Aged 65 and Older	88. 7	95. 9	0. 93	93. 4	0. 95	94. 3	0. 94	87. 7	1.01
Title 19 (Medicaid) Funded Residents	66. 1	71.6	0. 92	69. 0	0. 96	70. 1	0. 94	69. 0	0. 96
Private Pay Funded Residents	32. 3	19. 0	1. 70	23. 2	1. 39	21. 4	1.51	22. 6	1.43
Developmentally Disabled Residents	4. 8	1. 2	3. 98	0. 9	5. 16	0. 9	5. 28	7. 6	0. 63
Mentally Ill Residents	58 . 1	35. 9	1.62	41. 5	1.40	39. 6	1. 47	33. 3	1.74
General Medical Service Residents	8. 1	18. 2	0. 44	15. 4	0. 52	17. 0	0. 47	18. 4	0.44
Impaired ADL (Mean)	49. 4	47. 3	1.04	47. 7	1.04	48. 2	1.02	49. 4	1.00
Psychological Problems	58 . 1	45. 0	1. 29	51. 3	1. 13	50.8	1. 14	50. 1	1. 16
Nursing Care Required (Mean)	7. 9	6. 7	1. 17	6. 9	1.14	6. 7	1. 17	7. 2	1. 10